HealthLink

Department of Community Health ■ Spring 2004 ■ Volume 5 ■ Issue 1

Dentists Can Now Delegate Additional Duties to Dental Assistants

Public Act 35 of 2003, effective on July 3, 2003, amends the Michigan Public Health Code and provides that dentists can now delegate additional duties to their dental assistants. However, before delegation occurs, dentists need to exercise caution to ensure that the delegation is legal and that their dental assistants have the skills and training to perform the selected tasks or expanded duties being assigned.

Until curriculums at schools and colleges incorporate courses that provide for the training in the expanded duties, the training and credentialing of dental assistants may be accomplished through completion of continuing education courses from an accredited program. To find a program nearby or to locate an online program that will aid in the training of the dental assistant, dentists may contact an American Dental Association accredited dental assistant program or go online to the Michigan Dental Association's website at www.smilemichigan.com.

Section 333.16611 of the Code incorporates language from P.A. 35 and provides as follows:

(7) In addition to the rules promulgated by the department under this part, upon delegation by a dentist under section 16215 and under the **direct supervision of a dentist** (emphasis added), a registered dental assistant may perform the following procedures:

(a) Placing, condensing, and carving amalgam restorations.

(b) Taking final impressions for indirect restorations.

(8) In addition to the rules promulgated by the department under this part, upon delegation by a dentist under section 16215 and under the **general supervision of a dentist** (emphasis added), a registered dental assistant may perform the following intra-oral dental procedures:

(a) Performing pulp vitality testing.

(b) Placing and removing matrices and wedges.

(c) Applying cavity liners and bases.

(d) Placing and packing nonepinephrine retraction cords.

(e) Applying desensitizing agents.

(f) Taking an impression for orthodontic appliances, mouth guards, bite splints, and bleaching trays.

(g) Drying endodontic canals with absorbent points.

(h) Etching and placing adhesives prior to placement of orthodontic brackets.

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■ Update: New Law Allows Dental Hygienists to Administer Local Anesthesia and Nitrous Oxide

Public Act 35 of 2003, effective July 3, 2003, included an amendment to the Public Health Code that allows dental hygienists to administer local anesthesia to patients 18 years of age or older, under the delegation and direct supervision of a dentist. On March 19, 2004, under Public Act 30 of 2004, the Code was again amended to allow dental hygienists to administer nitrous oxide to patients 18 years of age or older, under the delegation and direct supervision of a dentist. However, before dental hygienists can legally administer either local anesthesia or nitrous oxide, they must first successfully complete a course in the administration of local anesthesia or nitrous oxide analgesia, or both, as applicable, offered by a dental or dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association and approved by the department. The courses for local anesthesia and nitrous oxide analgesia administration must

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contain didactic instruction and clinical experience.

P.A. 30 of 2004 also allows, under the delegation and direct supervision of a dentist, that a registered dental assistant may assist and monitor the administration of nitrous oxide analgesia by the dentist or dental hygienist. The registered dental assistant must successfully complete a course, which contains didactic instruction, in assisting and monitoring of the administration of nitrous oxide analgesia offered by a dental or dental assisting program accredited by the Commission on Dental Accreditation of the American Dental Association and approved by the department.

Specific information regarding course contents, as noted in the legislation, can be downloaded from the Michigan Legislature website at www.michiganlegislature.org.

The fee for each certification will be $10. Because the Governor only recently approved the legislation, the Department is still in the process of developing procedures for the certification application process. If you are a currently registered dental hygienist who is interested in obtaining an application for either of these certifications, please go to our website at www.michigan.gov/healthlicense or call (517) 335-0918.

Important Information for Sanctioned Licensees

Licensees who have had their professional license sanctioned by the State of Michigan may also be included on an exclusion list maintained by the U.S. Department of Health and Human Services (HHS), Office of Inspector General (OIG). In many instances, the practical effect of exclusion is to preclude employment of an excluded individual in any capacity by a health care provider that receives reimbursement, indirectly or directly, from any Federal health care program. Reasons for exclusion include convictions for program-related fraud and patient abuse, licensing board actions and default on Health Education Assistance Loans.

Even after restrictions have been removed from your Michigan health professional license, your name will not automatically be removed from the Federal exclusion list. Rather, you must apply directly to the HHS-OIG for reinstatement and receive an authorized notice from them that reinstatement has been granted. Please note obtaining a provider number from a Medicare contractor, a State agency or a Federal health care program will not reinstate your eligibility to participate in these Federal programs.

To apply for reinstatement, you must mail your written request to the HHS-OIG. Additional information regarding the Exclusions Database can be found at www.oig.hhs.gov.

The Practice of Physical Therapy

Physical therapy is a dynamic profession with established theoretical and scientific base and widespread clinical applications in the restoration, maintenance, and promotion of optimal physical function. For more than 750,000 people every day in the United States, physical therapists:

- Diagnose and manage movement dysfunction and enhance physical and functional abilities.
- Restore, maintain, and promote not only optimal physical function but also optimal wellness and fitness and optimal quality of life as it relates to movement and health.
- Prevent the onset, symptoms, and progression of impairments, functional limitations, and disabilities that may result from diseases, disorders, conditions, or injuries.

The term "physical therapy" and "physiotherapy" and the terms "physical therapist" and "physiotherapist", are synonymous.

Physical therapists are professionally educated at the college or university level and are required to be licensed in the state or states in which they practice. Physical therapists also may be certified as clinical specialists through the American Board of Physical Therapy Specialties (ABPTS).

Physical therapy assistants (PTAs) are paraprofessionals who graduate from an accredited Associate's Degree program in physical therapy and work under the direction and supervision of physical therapists in providing physical therapy services. However, PTAs do not perform

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initial examinations or evaluations. Although some states do license PTAs, there is currently no PTA licensure in Michigan.

Physical therapists practice in a broad range of inpatient, outpatient, and community-based settings such as hospitals, hospice facilities, school systems, corporate or industrial health centers, workplace or occupational environments, homes, and skilled nursing or extended care facilities. To receive physical therapy services in the State of Michigan a prescription is necessary from a physician, i.e., MD, DO, DPM, DDS.

As essential participants in the health care delivery system, physical therapists assume leadership roles in rehabilitation in the areas of prevention, health maintenance, and programs that promote health, wellness, and fitness as well as in professional and community organizations. Physical therapists also play important roles both in developing standards for physical therapist practice and in developing health care policy to ensure availability, accessibility, and optimal delivery of physical therapy services. Physical therapy is covered by federal, state, and private insurance plans. The positive impact of physical therapy services on health-related quality of life is well accepted.

As clinicians, physical therapists engage in an examination process that includes taking the patient's history, conducting a systems review, and performing tests and measurements to identify potential and existing problems. To establish diagnoses, prognoses, and plans of care, physical therapists perform evaluation, synthesizing the examination data and determine whether the problems to be addressed are within the scope of physical therapist practice. Based on their judgments about diagnoses and prognoses and based on the patient's goals, physical therapists provide interventions, conduct reexaminations, modify interventions as necessary to achieve anticipated goals and expected outcomes, and develop and implement discharge plans.

The American Physical Therapy Association (APTA), the national membership organization representing and promoting the profession of physical therapy, believes it is critically important for those outside the profession to understand the role of physical therapists in the health care delivery system and the unique services that physical therapists provide. The APTA actively supports outcomes research and strongly endorses all efforts to develop appropriate systems to measure the results of patient management that is provided by physical therapists.

If you have any questions feel free to contact the Michigan Chapter of the American Physical Therapy Association or the Michigan State Board of Physical Therapy.

WHAT'S NEW

Health Professions Website Update

Online Status of Licensure Application

Applicants can now check on the status of their application for licensure 24 hours a day, 7 days a week, at www.michigan.gov/healthlicense and click on "Application Status Look Up".

This new, confidential site is available for applications for Chiropractic, Dentistry, Emergency Medical Services, Marriage and Family Therapy, Medicine, Nursing, Nursing Home Administrator, Optometry, Osteopathic Medicine and Surgery, Pharmacy, Physical Therapy, Physician's Assistants, Podiatric Medicine and Surgery, Counseling, Psychology, Occupational Therapists, Sanitarians, Social Work and Veterinary Medicine.

Upon receipt of an application, Bureau of Health Professions' staff will send a letter to the applicant, which will include an assigned customer number. Once an applicant accesses the site and enters their customer number, they will be advised of one of the following:

- **Not Reviewed:** This means the application has been received but has not yet been reviewed by a processor.
- **Pending:** This means the applicant will be able to click on the application number to determine which items have not yet been received.
- **Complete:** A 10-digit license number will be provided and the applicant will be able to verify their license number and license expiration date by clicking on the license number.

Licensure Applications and Forms are Now Available Online

Licensure applications and various forms for the Counseling, Dentistry, EMS, Medicine, Nursing, Occupational Therapy, Physical Therapy and Social Work professions can now be downloaded from our website at www.michigan.gov/healthlicense. Please visit our website often as applications and forms for our other health professions will be added on a regular basis.

Reminder – You Can Renew Your License Online

Please remember that you can renew your health professional license online. Additional information and instructions can be found at www.michigan.gov/healthlicense.

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The following are descriptions of terms found in the above narrative:

- **General Supervision** means that a dentist has designated a patient of record upon whom services are to be performed. The dentist shall be physically present in the office during the performance of the procedures.

- **Direct Supervision** means that a dentist has designated a patient of record upon whom services are to be performed by a registered dental assistant and has described the procedures to be performed. The dentist shall examine the patient before prescribing the procedure to be performed and again upon completion of the procedure. The licensed dentist shall be physically present in the office at the time procedures are being performed.

- Section 16104(1) of the Code defines **delegation**, in part, as an authorization granted by a licensee to a licensed or unlicensed individual to perform selected acts, tasks, or functions that fall within the scope of practice of the delegator and that are not within the scope of practice of the delegatee.

With pending shortages of individuals entering the dental profession, the enactment of this legislation will provide the citizens of the State of Michigan with increased access to dental care services.

"Michigan Guidelines for the Use of Controlled Substances for the Treatment of Pain"

Effective April 1, 1999, the Pain and Symptom Management Advisory Committee was established under the Occupational Regulation sections of the Michigan Public Health Code, P.A. 421 of 1998. The Committee was charged to deal with issues pertaining to pain and symptom management, hold a public hearing to gather information from the general public, and make recommendations. After numerous meetings and receiving oral and written testimony at the public hearing on June 20, 2000, the Pain and Symptom Management Advisory Committee Report was issued in November 2002.

In the report, the Committee members made 18 recommendations that included:

- Developing a pain and symptom management website for healthcare professionals and the general public.

- Encouraging hospitals to increase their medical and nursing staff's knowledge by providing guidelines for required curricula in pain and symptom management in their educational programs.

- Encouraging pharmacies within communities or among pharmacy chains to share information and stock adequate supplies of Schedule II medications to meet the needs of patients.

The Committee also recommended that the Department, in collaboration with the licensing boards and their respective professional associations, establish guidelines similar to those issued by the Federation of State Medical Boards of the United States (FSMB) entitled "Model Guidelines for the Use of Controlled Substances for the Treatment of Pain". In accordance with this recommendation, members of the Michigan Board of Medicine and Michigan Board of Osteopathic Medicine & Surgery, along with Department staff, convened to begin the process of developing guidelines for the State of Michigan. After meeting over the past several months, draft guidelines were developed and presented to each of the above-mentioned boards. In late 2003, both boards formally adopted the "Michigan Guidelines for the Use of Controlled Substances for the Treatment of Pain".

The Michigan Guidelines are not intended to define complete or best practice, but rather to communicate what the boards consider to be within the boundaries of professional practice. The guidelines state that patients should have access to appropriate and effective pain relief that will serve to improve the quality of life for those who suffer from pain as well as reduce the morbidity and costs associated with untreated or inappropriately treated pain.

Because inadequate pain control may result from a physician's lack of knowledge about pain management or an inadequate understanding of addiction, many physicians fear investigation or sanction by federal, state and local regulatory agencies resulting in inappropriate or inadequate treatment of patients suffering from acute or chronic pain including those patients who experience pain as a result of terminal illness. However, in accordance with Section 333.5658 of the Public Health Code, provided a physician in good faith is prescribing these controlled substances for legitimate medical purposes and properly documenting information in the patient's medical records, those factors

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WHAT'S NEW

Name Change Update

In accordance with a recently issued Executive Order signed by Governor Jennifer M. Granholm, the Bureau of Health Services was transferred to the Michigan Department of Community Health and is now known as the Bureau of Health Professions. Although our bureau's name was changed, our primary mission has not. You can still reach us at www.michigan.gov/healthlicense or (517) 335-0918.

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would be taken into consideration if someone were to file an allegation against the physician. "Good faith" is defined in Section 333.7333 as the prescribing or dispensing of a controlled substance by a practitioner licensed under Section 333.7303 in the regular course of professional treatment to or for an individual who is under treatment by the practitioner for a pathology or condition other than that individual's physical or psychological dependence upon or addiction to a controlled substance, except as provided in this article.

The Michigan guidelines have been broken down into the following sections:

- **Section I: Preamble**
- **Section II: Guidelines** (Evaluation of the Patient; Treatment Plan; Informed Consent and Agreement for Treatment; Periodic Review; Consultation; Medical Records; Compliance with Controlled Substances Laws and Regulations)
- **Section III: Definitions** (Acute Pain; Addiction; Analgesic Tolerance; Chronic Pain; Pain; Physical Dependence; Pseudoaddiction; Substance Abuse; Tolerance)

To view and/or print a complete copy of the Michigan guidelines, please go to our website at www.michigan.gov/healthlicense. In addition to the guidelines, you will find helpful links to organizations that are already serving as excellent resources in the pain and symptom management area.

The Health Professional Recovery Program

For years, a number of state health associations and individuals advocated for the Health Professional Recovery Program (HPRP) as an alternative to regulatory discipline of licensees and registrants who were suffering from substance abuse, chemical dependency and/or mental health concerns. In 1994, the HPRP was created under major health regulatory reform legislation that took effect that year. The health professions covered by the HPRP, which has expanded since 1994, include: Chiropractors, Professional Counselors, Dentists, Registered Dental Hygienists, Registered Dental Assistants, Marriage and Family Therapists, Allopathic (M.D.) Physicians, Medical First Responders, Emergency Medical Technicians, Medical Technician Specialists, Paramedics, Emergency Medical Services Instructor-Coordinators, Osteopathic (D.O.) Physicians, Podiatric Physicians, Physicians' Assistants, Registered Nurses, Licensed Practical Nurses, Nurse Trained Attendants, Occupational Therapists, Occupational Therapy Assistants, Optometrists, Pharmacists, Physical Therapists, Psychologists, Registered Sanitarians, Veterinarians, Veterinary Technicians and Social Workers.

The HPRP was initially structured as a confidential program designed to encourage health professionals to seek treatment before their impairment harms a patient or damages their career through disciplinary action taken against their license. The program has since evolved to include monitoring of licensees or registrants who, as a condition of being allowed to continue or resume practicing their profession, must prove that they are dealing with issues that brought them to the attention of their board or respective disciplinary subcommittee.

The Health Professional Recovery Committee, who oversees the HPRP, is a statewide committee composed of members representing the licensed/regulated health care professions and two public members appointed by the department director. The licensing boards, in consultation with the appropriate professional associations, appoint their representative to the committee with the department director serving as an ex-officio member. The committee is charged with developing the policies and procedures under which the private-sector contractor, currently the Michigan Health Professional Recovery Corporation (MHPRC), operates.

The MHPRC, a non-profit corporation, is jointly owned by the:

- Michigan Nurses Association
- Michigan Pharmacists Association
- Michigan State Medical Society
- Michigan Association of Osteopathic Physicians and Surgeons
- Michigan Psychological Association

The MHPRC is comprised of a team of experienced staff members who work with the participants in the program. Participants are referred to the program in a variety of ways. A health care professional that suffers from the diseases of impairment may voluntarily choose to participate in the HPRP and will be allowed to do so if he or she agrees to comply with the requirements for such participation. In addition, information regarding a particular health care professional who may be impaired may come from colleagues, partners, hospital administrators, patients, or family members. All reports to the HPRP are held in strict confidence, with protection from civil and criminal liability as long as the report or information is given in good faith.

Once a licensee or registrant is identified to the HPRP, an information-gathering process is undertaken in order to determine the eligibility of the health care professional for participation in the non-disciplinary, confidential monitoring program. If participation is found to be appropriate, and the participant voluntarily agrees to abide with program requirements, his or her confidentiality will be protected and a monitoring agreement will be instituted. A monitoring agreement will address conditions under which a licensee or registrant can practice (i.e., hours of practice, treatment requirements, individual or group therapy, AA/NA meeting requirements, approved

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treatment providers, etc.), and a monitoring end date.

A monitoring agreement can last from one to three years, depending on the severity of the issues involved for voluntary, confidential participants, or for a period of time as mandated by a board or disciplinary subcommittee order, for regulatory, non-confidential participants. For 3-year contracts, monitoring requirements are stringent the first two years and are eased in the third year, provided everything goes well. Once successfully discharged, a voluntary, confidential participant's record will be maintained by the HPRP for five more years and will then be expunged if there are no relapses. Pursuant to state law, the Department permanently keeps disciplinary records for program participants whose involvement was mandated by their board or respective disciplinary subcommittee.

During the monitoring period, the HPRP will work with employers and administrators by sharing appropriate information that will be supportive of the participant's continued employment in the professional setting. This serves to assure the people of the State of Michigan that health care providers are providing care in a safe and competent manner. Should a relapse occur, the HPRP may require the participant to withdraw from or limit his or her practice, and to undertake a more structured treatment approach in order to reestablish a recovery and continue working. If a participant fails to comply with the requirements of their monitoring agreement, the HPRP is required by state law to notify the Department of Community Health, Bureau of Health Professions, of the general facts of the case for possible investigation which may result in disciplinary action.

There are many potential signs of impairment which include: changes in work habits; failure to keep scheduled appointments; late or missing reports or assignments; unacceptable error rates; physical changes; and, emotional or behavior changes. Protecting someone who may be impaired is a disservice to you and the public we all serve. Intervention can be scary and/or uncomfortable but is a necessary first step if you care about a person's health and career.

Save a life . . . save a career! Protect the public! Call the HPRP toll free at 1-800-453-3784 if you are a health professional licensee with a substance use and/or mental health disorder, or know a health professional that needs help. Additional information regarding the HPRP can be viewed at www.hprp.org.

New Licensure Requirements for Respiratory Therapists

Effective July 1, 2004, Public Act 3 of 2004 provides for the licensure of respiratory therapists in the State of Michigan. A health care professional that is engaged in the practice of respiratory care and uses any of the following titles must be licensed in accordance with the new law:

- Respiratory Therapist
- Respiratory Care Practitioner
- Licensed Respiratory Therapist
- Licensed Respiratory Care Practitioner
- R.T.
- R.C.P.
- L.R.T.
- L.R.C.P.

License fees will be $75 per year plus a $20 processing fee. Temporary license fees will also be $75 per year along with the $20 processing fee.

Additional information regarding the licensure of respiratory therapists can be found on our website at www.michigan.gov/healthlicense. We are also creating a list of people who are interested in information when it becomes available. You can either e-mail us at bhpinfo@michigan.gov or call our main line at (517) 335-0918 and leave your name and address in the applications mailbox.

Continuing Education Requirements

The Public Health Code establishes the provision for boards to require continuing education as part of the renewal process. The intent of the continuing education requirement is to advance the level of knowledge of the profession's licensees. The boards recommend the number of continuing education hours that are necessary to confirm continued competency and specify the types of education that are acceptable. The hours and approved types of education are specified in the rules for each profession.

Approximately 60 days before a license expires, the Bureau sends a renewal notice to the licensee. Submitting the renewal is confirmation that the continuing education requirement has been completed. Credits from one license period cannot be saved for the next cycle. Dates of completion are carefully reviewed as well as the hours awarded. It is in your best interest to carefully monitor completion of the correct continuing education. If you have not completed your continuing education, remember that you have a 60-day grace period after the expiration date in which to complete the continuing education. Do not submit your renewal until the continuing education is completed.

Approximately 90 days after the expiration date, the Bureau generates a list of individuals who renewed their licenses. A sample of these individuals is randomly selected from this list. The sampled

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licensees are asked to verify the continuing education that they completed during their last licensure period. All the courses should be approved programs and completed within the license period. For example, if a two-year license period expired on March 15, 2004, all the continuing education requirements must have been completed between March 16, 2002 and March 15, 2004. All continuing education completion certificates or proof of attendance records must be kept for up to one year beyond the licensure period. If a license is good for 3 years, you must save your proofs for 4 years.

If you are selected in the sample, you will receive a letter requesting that you submit documentation of the continuing education you completed in the licensure period. You will have 30 days to send to the Bureau the materials requested. If you fail to respond to the first request, you will receive within 10 days a second letter requesting proof of completion of your continuing education. If you still fail to respond, your file is sent to the Bureau's Complaint and Allegation Division (CAD). At this point, you are considered in violation of the Public Health Code.

If you do not submit the required proof of completion of your continuing education at this stage, an administrative complaint will be filed against your license. The penalty for most boards is a reprimand, a monetary fine, and probation. The probation typically includes completion of the missing continuing education in addition to the continuing education for the current licensure period. However, this is a permanent sanction on your licensure record. Any requests for the status of your license will include a record that you have been disciplined for failing to complete the continuing education requirement. In addition, the sanctions are reported to Federal databases, as prescribed by law.

The laws regarding continuing education requirements do not distinguish between active and inactive licensees. As long as you retain your license, you are subject to the continuing education requirements for your profession.

Consult the rules for each profession to determine the number of hours required and the acceptable continuing education activities. The requirements established by each board are different, and you should not assume that what one profession accepts is approved for all professions.

Below is a listing, by board, of the continuing education credits required.

CONTINUING EDUCATION

CONTINUING EDUCATION CREDITS REQUIRED

Board	Continuing Education Credits Required	Time Period
Chiropractic	24 hours	2 years
Dentistry		
General	60 hours and current CPR certification	3 years
Dental Hygienist	36 hours (of which 12 are in dental hygiene) and current CPR certification	3 years
Dental Assistant	36 hours (of which 12 are in dental assisting) and current CPR certification or recertification by DANB	3 years
Emergency Medical Personnel		
Emergency Medical Technician	30 hours and current CPR certification	3 years
Emergency Medical Technician - Specialist	30 hours and current CPR certification	3 years
Paramedic	45 hours	3 years
Instructor Coordinator	30 hours with at least 15 hrs in professional development as an IC and BLS or BCLS Instructor certification	3 years
Medicine	150 hours with at least 75 hours in programs classified as Category 1 or 6	3 years
Nursing - RN and LPN	25 hours	2 years
Nurse Anesthetists	Recertification	2 years
Nurse Midwife	20 hours in specialty field or recertification	2 years
Nurse Practitioner	40 hours in specialty field or recertification	2 years
Nursing Home Administrators	36 hours	2 years
Optometry	24 hours	2 years
Osteopathic Medicine	150 hours with at least 60 hours in osteopathic programs classified as Category 1 or 3	3 years
Pharmacy	30 hours	2 years
Podiatry	150 hours with at least 75 hrs in podiatry programs classified as Category 1 or 6	3 years

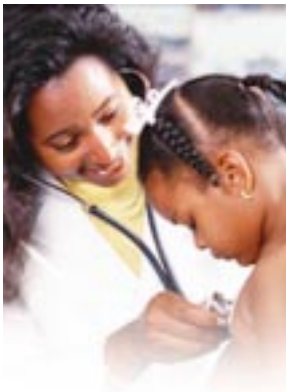
Michigan Center for Nursing Update

After receiving funding in November 2002, the Michigan Center for Nursing (MCN), guided by an advisory board of top nursing leaders, is actively developing an infrastructure to build a strong, high quality Michigan nursing workforce. This infrastructure will serve as a foundation to activities in four major arenas: nursing education; work environment/retention; staffing/practice models and image/recruitment into nursing. Central to this infrastructure is the MCN's website www.michigancenterfornursing.org for facilitating communication between the MCN's partners, nurses, staff and the public. Its main function is to make it easy for stakeholders to find information and keep up on the MCN's activities.

In keeping with its charge for data development and dissemination the MCN and Public Sector Consultants, Inc. created a survey consisting of 11 questions that accompanied the 2004 nurse license renewal applications and the response rate has been overwhelming. For RNs and LPNs who complete and return the paper version of the survey, the response rate has been 81%. For those RNs and LPNs who renew their licenses online, the response rate to date is 90% and 76%, respectively. Public Sector Consultants, Inc. is in the process of tabulating the data and once the analysis is complete, the information will be available on the MCN's website.

The MCN's website has a wealth of information including the advisory board membership roster and board minutes, working documents, workgroup activities, and national and regional workforce papers and reports. There is also a calendar where meetings are scheduled and where regional workforce development gatherings and activities can be added simply by contacting the MCN with details. Visitors to the site are invited to receive e-mail updates about nursing workforce issues, and links have been established to other state and national organizations that address nursing issues. You will find current information about nursing licensure, including requirements for international nurses and links to relevant organizations. To help provide better access to nursing programs the MCN has compiled a list of Michigan online nursing courses, and is planning to build a central repository of nursing scholarship information.

We are also pleased to announce a statewide walk/run called Nurse Walk - Going The Extra Mile For Nursing. The Nurse Walk is sponsored by the Michigan Center for Nursing and the Michigan Health Council and will help to kick-off Nurses' Week celebrations (May 6-12) around the state. The Nurse Walk event will be sponsored regionally by a health system or locally by individual hospitals. All nurses are encouraged to participate in the Nurse Walk and bring along a guest walker/runner that may be interested in a future career in nursing!



Please stop by and visit the Michigan Center for Nursing website and get involved in improving nursing in our state and staying informed on the issues we all are working to address. They are interested in your ideas, suggestions, comments and constructive criticisms. You can help to make their website even more visible to all Michigan nurses by linking the MCN to your organization's website, or simply adding their website to your "favorites" list.

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